DOCUMENT RESUME

ED 163 311 CG 012 995

AUTHOR Settles, Robert B.; Crisler, Jack R.
TITLE Some Results from Rehabilitation Team Training.
PUB DATE 22 Mar 78
NOTE 13p.; For related document see CG 012 996

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS Cooperation; *Delivery Systems; Group Unity; *Interdisciplinary Approach; Interprofessional Relationship; Mental Health Clinics; *Rehabilitation; Research Projects; *Staff Improvement; *Team Training; Therapeutic Environment; Therapists

ABSTRACT

Provision of training for an interdisciplinary rehabilitation team in a center serving mental patients was investigated. An autonomous service delivery rehabilitation team was formed and provided training in cooperative function. Findings indicate that the experimental team became a particularly cohesive functional unit, and that their support of the team concept became the key to subsequent reorganization of the entire facility staff. The trained team demonstrated a predominant concern for commitment to people (rather than concern for decision adequacy) as compared with the control sample. A survey conducted nine months after training showed that clients of the experimental group responded differently from those of a composite control group by reporting greater staff and client support; more staff involvement in their personal problems and feelings and greater effort to gain understanding of clients; and less staff effort to maintain control, formulate rules and schedule activities. The data suggest that team training as conducted has a beneficial result on the team and on clients served by that team, and may have a long-term impact on clients as measured by their performance on community follow-up. (Author/JLL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED163311

SOME RESULTS FROM REHABILITATION TEAM TRAINING

Robert B. Settles
Jack R. Crisler

Providing training in team function or cooperative effort for an interdisciplinary group is an unusual experiment. The literature does not report a favorable climate among such teams (Jones, 1968), but rather emphasizes interprofessional bickering, jealousy, power plays, and turf guarding. Given this background, the authors approached training an interdisciplinary, facility-based, mental health rehabilitation team prepared for the best, but braced for the worst.

The director of a residential rehabilitation center on the grounds of a large state mental hospital had advised that his staff could not be organized any better, but that its function was less than satisfactory. His interest was in doing whatever might hold promise for improved function, and provide more effective client service. Preliminary discussion, planning, and negotiating was the initial order of business for the careful restructuring of the service delivery system that might work better. The autonomous service delivery team was felt to have a good chance, provided some training was instituted. A pilot project team was formed, training provided, and data collected on its performance.

As the authors and the facility director were committed to improved performance, substantial effort was devoted to data collection which could suggest that training made a difference

CG012995

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

R B Settles

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY.

on the team, and that the team trained functioned better according to their clients. The research intention was extensive, and is probably as rigorous a test of a training program as has been planned and implemented in the history of the rehabilitation team (see Figure 1). At present all steps in the sequence have been completed and data collected on each.

The time sequence for these events is displayed in Figure 2, and provides a base for interpreting the findings. A review of these events is in order. The time spent in training consisted of two days a month for three consecutive months, and one day a month for the next three months. The pilot team and a control group were tested at the end of six days training. Because of the favorable reception of this pilot project, the entire staff was reorganized around autonomous service delivery teams in October of 1976. In December and January data was collected on all clients in the facility and all staff teams serving those clients. The pilot project team had completed their training and was functioning independently at this point while the newer teams had been formed, but had not yet been involved in training.

Team Structure, Function, and Training

The theoretical underpinning for team structure and function is that the team should consist of all those individuals who, in combination with each other, create the environment in which the clients live. This operationally identifies who should be on the team. The primary notion is impact on the client. As this group then becomes the fully responsible, autonomous team, they

are functionally charged for the outcome of services. If a client succeeds or fails, the team shares some credit for this outcome.

Training as a group was devised to establish the team as the service delivery unit for the facility, and to initiate an open system of communication within the team. Training content was built around the team members' perceptions of selected, perplexing clients. This accumulation of perceptions is followed by the careful introduction of the client into the proceedings. His perceptions are solicited of his strengths, problems, and program needs. This becomes the nucleus for subsequent team deliberation and responsive program development.

A critical focus for team deliberation is identifying those concerns for which cooperative effort may be required. The idea that specific client problems are the exclusive province of selected team members is discouraged. In this regard, the primary sense of unity seemed to be the knowledge that the team shared responsibility with each other for resolving selected client problems and that they could depend upon each other's support in the effort. Schematically, this team is represented in Figure 3.

Based upon our experience in team training in this facility, some suggestions for institutionally based teams are presented in Table 1. Many of the items on the things to avoid list approximate standard operating procedure in an average mental hospital, but appear to us to be dead-end activities.

Some Results

The immediate posttraining results involve both subjective and objective responses. Table 2 shows the subjective responses of the team provided training at the end of six days. The authors' impressions are that they became a particularly cohesive functional unit, and their support of the team concept was the key to subsequent reorganization of the entire facility staff.

Objectively, the trained team demonstrated a predominant concern for the commitment of others as compared with a control sample (N=7, significance $<.06$). Concern for the committment of others involves both primary and secondary styles as measured by the Group Encounter Survey (Hall and Williams, 1973). This suggests the immediate effect of training on the staff is to emphasize the importance of people as mediators of team services. Concern with decision adequacy on this instrument became a secondary concern of the experimental group.

Nine months after training, data was collected on all clients and staff in the facility. A survey of all usable client responses showed the clients of the experimental group (N=30) responded differently from that of a composite control group of clients on two equivalent halls (N=38) nine months after team training. As measured by the Rehabilitation Institution Environment Scale (Moos, 1974), significant differences were obtained as follows:

Support: Clients of the trained team reported greater staff and client support than clients of the control teams.

Personal Problem Orientation: Clients of the trained team report more involvement in their personal problems and feelings, and greater effort to understand them than the control teams' clients.

Staff Control: The clients of the trained team report less staff effort to maintain control, formulate rules, and schedule activities than the clients of the control teams.

At about the same time, the clients of the trained team represented the only group with a 100% return to the facility program after the holiday season recess.

Summary

There are immediate and long range effects of team training. These effects persist up to a year later. Staff differences involve a greater commitment to people, rather than concern for decision adequacy. This commitment is experienced by clients up to nine months later, who report greater support, an improved personal problem orientation, and less concern for staff control.

In October 1976, the entire Center staff was reorganized around autonomous teams. The positive results from the first team trained remained through January of 1977. Two non-tested factors may also perpetuate this result. The experimental group may have acquired maturity and confidence in team functioning which enhances their results. At the same time, they are thought to be the only team at the Center which staffs all clients a week after admission and routinely therafter as needed.

Through 1977, an additional four teams were trained. This produced five of seven teams at the Center which have been provided training. All teams have now become accustomed to their new responsibilities. Center performance during the fourth full quarter of operation following reorganization exceeds that of any previous quarter in its history. This result is measured by the number of successful client closures on community follow-up. This is particularly impressive considering the serious census problem at the center only a year earlier as well as the totally new direction assumed by the program at the time of reorganization. Successful Center performance must be based at least in part, upon a new partnership "team" consisting of a close working relationship with field counselors and their clients.

Paper presented at APGA
Washington, D.C.
March 22, 1978

References

Hall, Jay and Williams, Martha S. Group Encounter Survey. Conroe, Texas: Teleometrics International, 1973.

Jones, Maxwell. Beyond the Therapeutic Community. Social Learning and Social Psychiatry. New Haven, Connecticut: Yale University Press, 1968.

Moos, Rudolph H. Ward Atmosphere Scale Manual. Palo Alto, California: Consulting Psychologists Press, Inc., 1974.

FIGURE 1

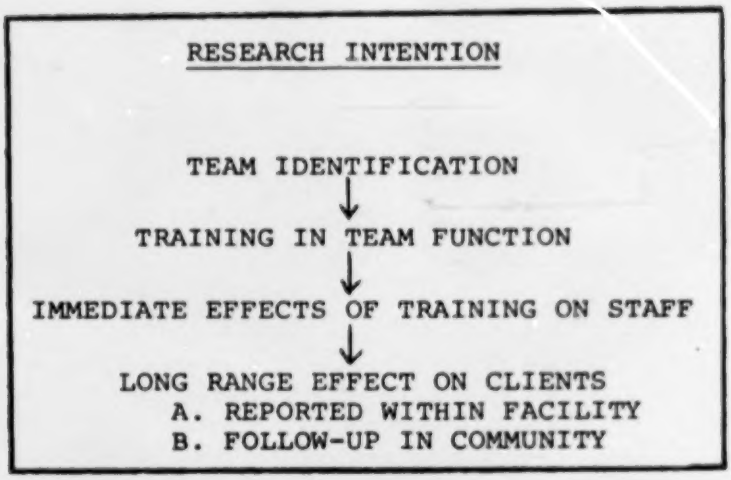

RESEARCH INTENTION
TEAM IDENTIFICATION
TRAINING IN TEAM FUNCTION
IMMEDIATE EFFECTS OF TRAINING ON STAFF
LONG RANGE EFFECT ON CLIENTS
A. REPORTED WITHIN FACILITY
B. FOLLOW-UP IN COMMUNITY

FIGURE 2

PILOT PROJECT - TIME SEQUENCE

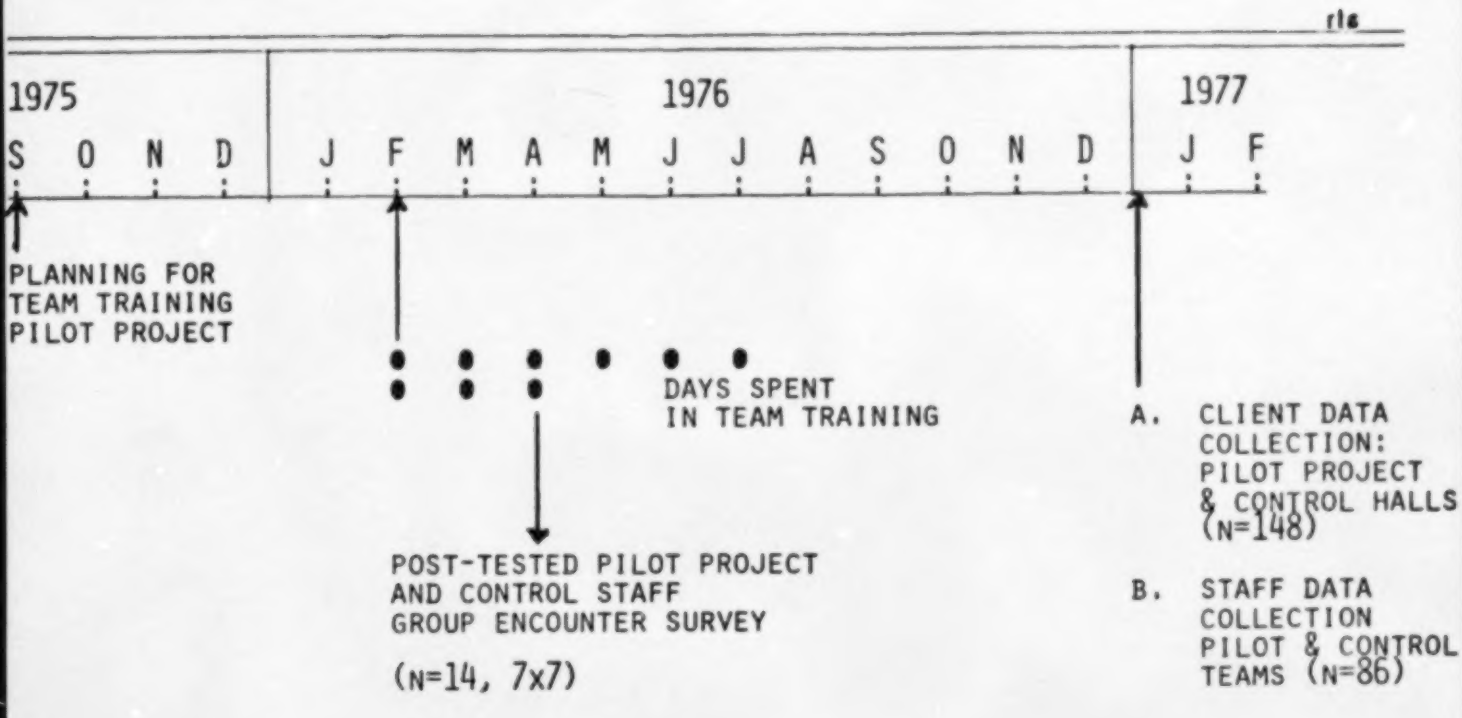
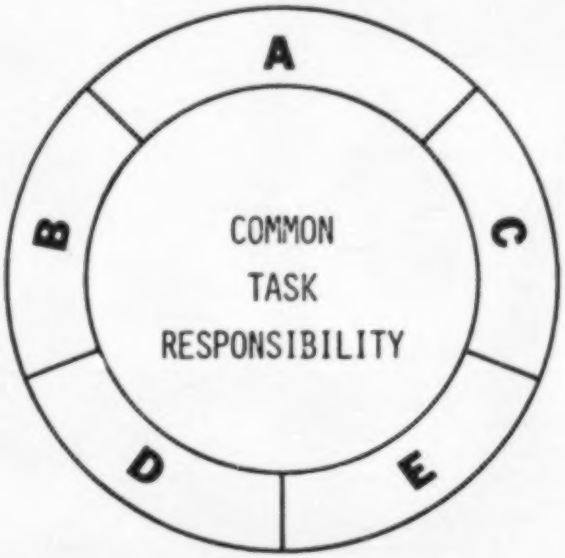


FIGURE 3

COOPERATIVE TEAM



TEAM COMPOSITION

BASED UPON IMPACT

TEAM FUNCTION

BASED UPON COMMON
TASK RESPONSIBILITY

Table 1

SOME SUGGESTIONS FOR INSTITUTIONALLY BASED TEAMS

TO DO	AND	TO AVOID
Deal with the mundane	-	not the exotic
Deal with perceptions based on experience	-	not the history of exciting details
Listen to the client's diagnosis	-	rather than professional over-diagnosis
Be specific about program goals and objectives	-	rather then assuming viability or relevance of institutional programs
Set time limits for accomplishment	-	rather than wishing for miraculous cures
Seek participation from all team members	-	rather than allowing individuals to dominate team proceedings

rbs

Table 2

RESULTS - SUBJECTIVE

DISADVANTAGES:

Will staffing selected clients alienate those not staffed?

Who tends the shop during staff meetings?

80% of clients need this intensive approach (not 30%).

ADVANTAGES:

This is something we can use on those we have thrown our hands up on.

There is more willingness to do things for each other- both staff and patients.

I like making our own diagnosis, and not going by just what is on the books.

I really feel like I am more a part of the treatment team; you feel better because you are more involved.

We did more treating than writing!

Now we do not depersonalize our clients. We treat them with more consideration as people.